

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522536
10/522536
APPLICANT(S)

FILING DATE

4/11/6 CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 10 | | 1 | | 6 | | |
| 11 | | 1 | | 6 | | |
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| TOTAL IND. | 1 | | 1 | | | |
| TOTAL DEP. | 12 | ← | 48 | ← | ← | |
| TOTAL CLAIMS | 13 | [REDACTED] | 49 | [REDACTED] | [REDACTED] | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | ↓ | |
| TOTAL DEP. | | ← | | | ← | ← |
| TOTAL CLAIMS | | [REDACTED] | | [REDACTED] | [REDACTED] | |